



**ELECTRONIC WASTE & FLUORESCENT BULB DEPOT SERVICES ACCOUNT**

**(If you have a Landfill account set up there is no need to fill out this form)**

\*Name of Account: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_ \*Application Date: \_\_\_\_\_

\*Type of Account:  Individual  
 Limited Company (Representatives for limited companies must have proof of signing authority)

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_

\*Phone Numbers: Business: \_\_\_\_\_ Residence: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Fields that have an asterisk (\*) must be provided.

**The undersigned hereby applies for access to the Electronic Waste & Fluorescent Bulb Recycling Depot for purpose of disposal of electronic waste material (excluding restricted materials).**

**By signing this document you:**

- Declare that the information provided is correct
- Agree to pay the rates set forth in the current applicable Utility Bylaw(s).
- Agree that Aquatera Utilities Inc. shall have the right to terminate use and to request payment of the account and a security deposit equal to three months of service prior to providing further service for the following reasons:
  1. Non-payment of account within 30 days of invoice date
  2. Exceeding prescribed credit limit
  3. Lack of or improper vehicle identification
  4. Improper use of facility
  5. For any other reason the Aquatera Utilities Inc. staff considers sufficient

\_\_\_\_\_  
\*Name (print)

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Director/Officer **(Limited Companies Only)**

\_\_\_\_\_  
\*Picture ID Type

\_\_\_\_\_  
\*Picture ID Number

**For Office Use Only:**

A/R Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Date Accepted: \_\_\_\_\_ Accepted by: \_\_\_\_\_